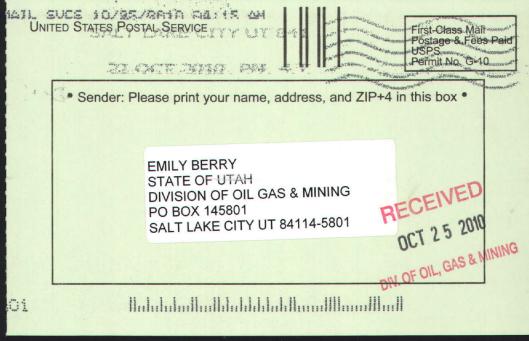
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MICHAEL TERRY ANASAZI GOLD RESEVES 447 N 300 W STE 3 KAYSVILLE UT 84037-4203	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
EB-10-19-10 5/021/0035	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7004 2	510 0004 1824 7210
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-154



U.S. Postal Service™ CERTIFIED MAIL

RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com NV-2010-17-88 Postage Certified Fee Postmark

Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Here

Total Pos

210

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4000

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4007

Sent To

Street, Apr or PO Box

City, State

MICHAEL TERRY

ANASAZI GOLD RESEVES

447 N 300 W STE 3 **KAYSVILLE UT 84037-4203**

PS Form 3800, June 2002

See Reverse for Instructions